

State of Connecticut

GENERAL ASSEMBLY



PERMANENT COMMISSION ON THE STATUS OF WOMEN

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Written Testimony of the Permanent Commission on the Status of Women Before the Public Health Committee Friday March 4, 2005

In Support Of:

S.B. 1026, An Act Providing Funding for a Smoking Cessation Quit Line

The Permanent Commission on the Status of Women thanks the committee for this opportunity to provide written testimony regarding the above-referenced proposals. We also submit this testimony on behalf of the Connecticut Women's Health Campaign (CWHC), which we convene and co-chair.

SB 1026, An Act Providing Funding for a Smoking Cessation Quit Line would provide \$200,000 to fund the operation of a Tobacco Quit Line. The proposed Quit Line enables Connecticut residents to make a toll-free call to receive information on tobacco cessation programs.

Smoking prevention and cessation are of particular concern to the PCSW because smoking poses discrete hazards to women and girls, both in terms of increased risk of life-threatening diseases, and propensity to have difficulty in quitting. Women smokers or those exposed to second-hand smoke experience higher risks for particular diseases. For example, women who smoke have a higher risk of developing lung cancer than men with comparable smoking habits,¹ and an increased risk of developing depression.²

Perhaps even more troubling is the fact that women have a more difficult time

¹M. Larkin. "Sex differences in lung cancer susceptibility explained," *Lancet*, 1/8/00, Volume 355, Issue 9198, p. 121.

²E. Goodman and J. Capitman, "Depressive Symptoms and Cigarette Smoking Teens," *Pediatrics* 2000, Volume 106m, pp. 748-755.

quitting smoking than men, potentially because of biological gender differences that impact nicotine addiction.³ Girls and women aged 12-24 are more likely to report being unable to cut down on smoking than men and boys in the same age range.⁴

In 1987, lung cancer surpassed breast cancer as the leading cause of cancer deaths among women.⁵ Smoking also accounts for one in every five deaths from heart disease, the leading cause of death among women.⁶ In Connecticut, 19.9% of adults and 25.6% of high school students smoke, and 9,800 minors become new daily smokers each year.⁷ Twenty-two percent of women are smokers⁸ and 36.5% of girls under age 18 smoke.⁹ These smoking rates result in 4,800 adult deaths from smoking each year, and 390 to 690 deaths from secondhand smoke and smoking during pregnancy.¹⁰ As many as 83,000 minors will ultimately die prematurely from smoking.¹¹

The CDC recommends that states include population-based counseling and treatment programs, such as cessation helplines in their comprehensive tobacco control programs.¹² The current U.S. Public Health Clinical Practice Guideline and the Guide to Community Preventive Services both recommend proactive telephone counseling as a method to help smokers quit.¹³ In states that have shown significant success in reducing smoking rates, and increasing cessation rates, such as Massachusetts, Maine, California,

³Baanowitz and Hatsukami, "Gender Differences in the Pharmacology of Nicotine Addiction," *Addiction Biology*, October 1998, Volume 3, Issue 4, p. 383.

⁴CDC, "Surveillance for Selected Tobacco-Use Behaviors – United States, 1900-1994," *MMWR*, 18 November 1994, Vol. 43, No. SS-03. US Department of Health and Human Services. *Reducing the Health Consequences of Smoking: 25 Years of Progress. A report of the Surgeon General*. Atlanta: US Department of Health and Human Services, Public Health Service, Centers for Disease Control, Office on Smoking and Health DHHS Publication No 89-8911, 1989b.

⁵U.S. Surgeon General, *What Is Needed to Reduce Smoking Among Women, Fact Sheet* (2001), available at http://www.cdc.gov/tobacco/sgr/sgr_forwomen/factsheet_reducesmoking.htm.

⁶U.S. Department of Health and Human Services, *Women and Smoking: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; Washington, DC 2001; CDC, "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs -- United States 1995-1999," *MMWR*, April 11, 2002, www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm.

⁷Campaign for Tobacco-Free Kids, *The Toll of Tobacco in Connecticut* (January 21, 2003) available at <http://tobaccofreekids.org>.

⁸National Center for Health Statistics, National Health Interview Survey, See, also, CDC, *Cigarette Smoking Among Adults – United States, 2002*, "MMWR 53(20): 427-431, May 28, 2004, available at <http://www.cdc.gov/mmwr/PDF/wk/mm5320.pdf>.

⁹The American Heart Association, Inc. 1999 available at <http://www.americanheart.org>.

¹⁰Campaign for Tobacco-Free Kids, *The Toll of Tobacco in Connecticut* (January 21, 2003) available at <http://www.tobaccofreekids.org>.

¹¹Ibid.

¹²U.S. Centers for Disease Control and Prevention (CDC), *Best Practices for Comprehensive Tobacco Control Programs—August 1999*, August 1999.

http://www.cdc.gov/tobacco/research_data/stat_nat_data/bpchap7.pdf

¹³Centers for Disease Control and Prevention. *Telephone Quitlines: A Resource for Development, Implementation, and Evaluation*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Final Edition, September 2004, p. 2 (available at http://www.cdc.gov/tobacco/quit/Quitlines/FinalQuitlines_508edit.pdf).

and Oregon, telephone helplines and quitlines were integral parts of their tobacco control programs.¹⁴

Assisting Connecticut residents to quit smoking saves the dollars that would be spent on their children's health care and their health care in the event of future smoking-related illnesses. It is a smart investment in healthier families. Thank you for considering this initiative to improve access to health care for low-income families in Connecticut.

¹⁴ Campaign for Tobacco-Free Kids, *Tobacco Cessation Works: An Overview of Best Practices and State Experiences*, October 28, 2003 (available at <http://www.tobaccofreekids.org/research/factsheets/pdf/0245.pdf>)

